

DIVORCE CERTIFICATE REQUEST FORM INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY. Failure to do so will cause a significant delay in processing your request.

To receive a certified copy of a certificate of divorce/dissolution or annulment that occurred in Alaska, send a request form or a letter which includes the following:

- ◆ Husband's full first, full middle, and full last name
- ◆ Wife's full first, full middle, and full maiden name
- ◆ Date of divorce/dissolution
- ◆ Town, city or village in Alaska where divorce occurred
- ◆ Reason for requesting the certificate
- ◆ Your relationship to the person(s) on the certificate

ALL REQUESTS MUST INCLUDE A COPY OF PICTURE ID OF THE APPLICANT. Enlarge the copy and lighten it as much as possible to be sure that it is clear and readable when sent to the Bureau. A signature under the copied ID is also required.

- **SUBMITTING REQUEST** - Print and complete the request form and mail it to the address as indicated. Electronically transmitted application forms cannot be accepted. Remember to sign your request and enclose the correct fees as well as a copy of picture ID. For divorces which occurred outside of Alaska, requests must be sent directly to the appropriate state.
- **PROCESSING TIME**- Requests sent by regular mail will be processed approximately 5-10 business days after receipt by the Bureau of Vital Statistics. Faxed requests submitted with credit card payment will normally be processed 3-5 working days after receipt by the Bureau of Vital Statistics. Please note that the \$11.00 credit card fee is **not** for expedited service.
- **FEES** - Each certified copy of a certificate is \$20.00. **This fee is nonrefundable.** If the requested record cannot be found, the \$20.00 will be used for a 3-year search and a statement of search will be issued. Enclose an additional \$1.00 per year for an extended search.

Divorce Certificates requiring authentication for a foreign country have additional fees. The additional charge is \$12.00 for the first record, with \$2.00 added for each additional copy of the same record. This includes the \$2.00 fee for the Lt. Governor's office. The country that the record is being sent to must be noted on your request.

All NSF checks will be sent to a collection agency. There will be a \$25.00 charge.

- **CREDIT CARDS** - Purchase by credit card requires an additional \$11.00 fee. Orders may be processed by completing the request form and sending it to the Bureau of Vital Statistics by fax or mail, or may be processed directly online at:

www.vitalchek.com

Faxed requests submitted with credit card payment will normally be processed 3-5 working days after receipt by the Bureau of Vital Statistics. Please note that the \$11.00 credit card fee is **not** for expedited service.

- **CONTACT INFORMATION** - For additional information on obtaining Alaska Vital Records, please contact the Records Processing Unit in Juneau at (907) 465-3391.

**STATE OF ALASKA
DIVORCE CERTIFICATE REQUEST FORM**

- You may type directly on this form and print it or you may print the form first and then complete it by hand.
- If completed by hand, be sure that all information is printed and legible.
- Requests sent by regular mail will be processed within 5-10 working days of receipt by the Bureau of Vital Statistics.
- Faxed requests submitted with credit card payment will be processed 3-5 working days after receipt.
- The information you provide must be complete and accurate. **Incomplete or inaccurate requests will create significant delays in processing.**

REQUIRED INFORMATION

Name of Husband: _____
(Full first, full middle and last name)

Maiden Name of Wife: _____
(Full first, full middle and maiden name)

Date of Final Decree or Period to be Searched: _____

Village or City where Divorce or
Dissolution was Granted (in Alaska only): _____, Alaska

Date of Marriage (month/day/year): _____

Your Relationship to Person
Whose Record is Requested: _____
(i.e. husband, wife, legal representative)

Purpose for Which
Record is Requested: _____

Signature of Applicant: _____
(husband, wife, legal representative)

**THE PERSON REQUESTING THE CERTIFICATE MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM.
SIGNATURE BELOW THE COPY OF THE PHOTO ID IS REQUIRED.**

Your Full, Printed Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

**Mail this form with a preprinted check
or money order**

Payable to: Bureau of Vital Statistics

5441 Commercial Blvd.

Juneau, AK 99801

Phone: (907) 465-3391

Fax: (907) 465-3618

E-Mail: BVSOFFICE@health.state.ak.us

_____ Certificates @ \$20/each = \$ _____

Ship by: Regular (No extra charge)

Priority Mail (Add \$3.85) \$ _____

Express (Add \$13.65) \$ _____

DHL (No PO Box / Add \$15.50) \$ _____

Payment by Credit Card (Add \$11.00) \$ _____

TOTAL CHARGE \$ _____

To pay by credit card: (additional \$11)

Name on Credit Card: _____

Billing Address: _____

Number: _____ Expiration Date: _____

Visa

Mastercard

Discover

AmEx

Cardholder Signature (required): _____